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CONFIRMATION NO. 3315

<b>SERIAL NUMBER</b> 10/724,972	<b>FILING OR 371(c) DATE</b> 12/01/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> PATH03-16	
<b>APPLICANTS</b> Lynn Doucette-Stamm, Framingham, MA; David Bush, Somerville, MA;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/450,969 11/29/1999 PAT 7,060,458 which is a CIP of 09/134,001 08/13/1998 PAT 6,380,370 which claims benefit of 60/064,964 11/08/1997					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/28/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 13
<b>ADDRESS</b> 23856					
<b>TITLE</b> Nucleic acid and amino acid sequences relating to <u>S</u> Staphylococcus epidermidis for diagnostics and therapeutics					
<b>FILING FEE RECEIVED</b> 1846	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		